FBB Federal Relations

LINDSAY HART, LLP

PUBLIC DISCLOSE 2015 OCT 21 PM 1: 64

October 21, 2015

Federal Election Commission 999 E Street, NW Washington, DC 20463

To Whom it May Concern:

Please accept this FEC Form 1 (Statement of Organization) on behalf of the Jordan Cove LNG LLC PAC. Please note that the PAC's name and its connected organization have been disclosed pursuant to FEC Advisory Opinion 2004-42 which is indistinguishable in all material aspects.

Sincerely,

Ray Bucheger

FBB Federal Relations

2015 1 0 03-00029871

AAND DELWERED

FEC FORM

Only

STATEMENT OF **ORGANIZATION**

2015 OCT 21 PM 12: 54

Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Dorcidian Conse ENG LLC PAICE ADDRESS (number and street) (Check if address is changed) 20005 STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS (Check if address Gay@federal, cellations, com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 2015 DATE ,C FEC IDENTIFICATION NUMBER NEW (N) IS THIS STATEMENT AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 08/2012)

Toli Free 800-424-9530

Local 202-694-1100

	COMMITTEE					
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name of Candidate						
Candidate Party Affiliat	Office State lon Sought: House Senate President District					
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate						
Party Cor	mmittee:					
(d)	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.					
Political A	Action Committee (PAC):					
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:					
	Corporation 'Corporation w/o Capital Stock Labor Organization					
	Membership Organization Trade Association Cooperative					
	In addition, this committee is a Lobbylst/Registrant PAC.					
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
	In addition, this committee is a Lobbyist/Registrant PAC.					
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Joint Fun	draising Representative:					
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.					
(h) ,	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
Con	nmittees Participating in Joint Fundraiser					
1.	FEC ID number C					
2.	FEC ID number (C)					
3.	FEC ID number C					
4.	FEC ID number C					

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FEC Form 1 (Revis	ed 02/2009)	Page 3
Write or Type Committee N	lame	
Jordan (OVE LNG LLC PAC	
6. Name of Any Connect	ed Organization, Affiliated Committee, Joint Fundralsing Representati	ve, or Leadership PAC Sponsor
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Mailing Address	112019 10 dangle SH clelet 1	
	WillmingHola DIE	1,9,8,0,1
	CITY STATE	
Relationship: 1X Conn	ected Organization Affiliated Committee Joint Fundraising Represe	Intative + Leadership PAC Sponsor
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7. Custodian of Records:	Identify by same address (above sumber entires) and accident of the	
books and records.	Identify by name, address (phone number optional) and position of the	s person in possession of committee
	0	
Full Name	41 Bluchlegier 111111111111111111111111111111111111	
Mailing Address	11120 191 1511 101W 1 1 1 1 1 1 1 1	
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Title or Position	CITY STATE	ZIP CODE
Courtiondii 10	IN IDE FICIO ICIDIS Telephone number	2021-1783-131313
Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the committing, assistant treasurer).	ee; and the name and address of
Full Name		
of Treasurer	4/10/1 17/10/10/10/10/10/10/11/11/11/11/11/11/11/	
Mailing Address	SIGILISTIK 11(16) YII DICI: IVIEL I I I I I	
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Title or Position	CITY STATE	ZIP CODE
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FEC Form 1 (R	levised 02/2009)		Page 4		
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Mailing Address	1,1,20,-19, 15,+, N.W.				
	Swite 110,29				
	Washington 11111	STATE	20005 - LII		
Title or Position	RITI ITICI () SINGLE () Telephone	number 2	<u>0,2</u> 1- <u>[7,8,3]</u> - <u>[3,3,3,3</u>		
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.					
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